

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/593,223</div>		FILING DATE <div style="font-size: 1.2em;">09-18-06</div>				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		2		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7	1		1				57						
8		1					58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22			1				72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	←	17	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	13		20				TOTAL CLAIMS						